

**Highland Parks & Recreation Department - Korte Recreation Center  
Authorization Agreement for Direct Payments (ACH Debits)**

**RATES BELOW WILL VARY FOR THOSE FAMILIES WITH MORE THAN FIVE MEMBERS.  
AN ADDITIONAL \$2.50 /MO. WILL APPLY FOR EACH FAMILY MEMBER BEYOND THE 5TH PERSON**

	<b>Regular</b>		<b>Corporate 10% Discount</b>		<b>Corporate 15% Discount</b>		<b>Corporate 20% Discount</b>	
<b>Resident</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>
Youth	\$260	\$24.16	\$234	\$22.00	\$221	\$20.92	\$208	\$19.83
Adult	\$330	\$30.00	\$297	\$27.25	\$280	\$25.83	\$264	\$24.50
Senior	\$255	\$23.75	\$229	\$21.62	\$217	\$20.58	\$204	\$19.50
Family of 5	\$420	\$37.50	\$378	\$34.00	\$357	\$32.25	\$336	\$30.50
Senior Couple	\$360	\$32.50	\$324	\$29.50	\$306	\$28.00	\$288	\$26.50
<b>Local Non-resident</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>
Youth	\$300	\$27.50	\$270	\$25.00	\$255	\$23.75	\$240	\$22.50
Adult	\$370	\$33.33	\$333	\$30.25	\$314	\$28.66	\$296	\$27.16
Senior	\$300	\$27.50	\$270	\$25.00	\$255	\$23.75	\$240	\$22.50
Family of 5	\$460	\$40.83	\$414	\$37.00	\$391	\$35.08	\$368	\$33.16
Senior Couple	\$400	\$35.83	\$360	\$32.50	\$340	\$30.83	\$320	\$29.16
<b>Distant Non-resident</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>	<b>Annual</b>	<b>Monthly</b>
Youth	\$320	\$29.16	\$288	\$26.50	\$272	\$25.16	\$256	\$23.83
Adult	\$390	\$35.00	\$351	\$31.75	\$331	\$30.08	\$312	\$28.50
Senior	\$320	\$29.16	\$288	\$26.50	\$272	\$25.16	\$256	\$23.83
Family of 5	\$480	\$42.50	\$432	\$38.50	\$408	\$36.50	\$384	\$34.50
Senior Couple	\$420	\$37.50	\$378	\$34.00	\$357	\$32.25	\$336	\$30.50

I hereby authorize the City of Highland Parks and Recreation Department to transfer from my account noted below a monthly payment of \$\_\_\_\_\_ starting \_\_\_\_\_.

*This membership may be cancelled when moving to a location 15 or more miles further away from Highland from the current address and providing the required documentation for verification. Otherwise, after one year, the membership may be cancelled by completing the membership cancellation form by the first of the month in order to stop the payment for that month. As required by the City Attorney, cancellation forms for family memberships must be signed by both heads of household, if applicable. Any price increases will be applied on the month the price increases go into effect. If this is a corporate membership, the rate may increase if the minimum number of memberships are not met. Notification of any price increase will be sent by mail 30 days prior to the increase. Anyone moving from their current residence to a location requiring a higher monthly fee due to residency will have the fee changed. Residency will be assessed on an ongoing basis. Notification will be sent by mail of the change. Likewise, anyone moving to a residence requiring a lower fee will have rate reduced upon verification of the new address.*

The debit will be processed on the 15<sup>th</sup> of each month or shortly thereafter depending on weekends and banking holidays. I give the financial institution named below the authority to debit my account as indicated above and acknowledge the origination of ACH transactions to my account must comply with the provisions of the U.S. law. **Attach a voided check here.**

To assure proper processing, any changes in account numbers or a new bank account must be provided to the department immediately. A member with insufficient funds will be assessed a \$25 penalty on each occasion. After three months of insufficient funds, the member will no longer be able to use the auto debiting service. When the department is notified of insufficient funds or a closed account, the membership will be suspended immediately until the monthly payment is made by cash, money order, or cashier's check. The member will not receive an extension to their expiration date for this time period suspended.

**I have read and understand these policies. Please initial \_\_\_\_\_**

Applicant name \_\_\_\_\_ Date \_\_\_\_\_

Applicant signature \_\_\_\_\_

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing number (left bottom check corner) \_\_\_\_\_

Account Number (middle bottom check area) \_\_\_\_\_